MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1446

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grayton Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A (Last) CHANDLER

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: aug 6 1878

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Dep

11. BIRTHPLACE (State or foreign country): Chas Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Alexander Hailstup

14. MOTHER'S MAIDEN NAME: Josephine Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: W

17. INFORMANT AND ADDRESS: Samuel A. Perry Sister Hooks Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 * Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset and Death: 6 mos.

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Adenocarcinoma of Stomach — 4 yrs.

(c) Scirrhous Adenocarcinoma of Right Breast — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1948, to Feb 14, 1951, that I last saw the deceased alive on Feb 14, 1951, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

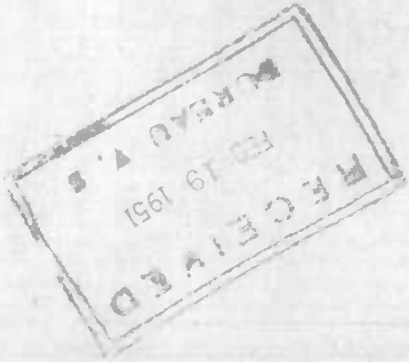
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J Farrar Barber M.D. La Plata Md. 2-14-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/16/51 — NAME OF CEMETERY OR CREMATORY: Old Durham — LOCATION (City, town, or county) (State): Trousdes Md

DATE REC'D BY LOCAL REG.: 2/15/51 — REGISTRAR'S SIGNATURE: Julia H Casey

24. FUNERAL DIRECTOR — ADDRESS: Smith & Ryon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FEB 19 1951
U.S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1459

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bryans Road Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 6900-Oxen Hill Road Nook 30 ft
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dessie	Jane	Cook Neo	Mar	4	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		Jan 10-1933	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Geo Geo Cook	Va	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rannie Cook	Eva Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	WW	No	George Cook Uncle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Decapitation — 2-4-51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	Highway	Bryans Rd.	Chas	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
Mar	4	51	2 A m.		Auto accident

22. I hereby certify that I attended the deceased from Mar 4, 1951, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. J. Adelen	M.D.	LaPlata Md.	3-4-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/8/51	Popes Creek	Bayne sville	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/51	Odey Price	Hewitt & Payne	

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1447

Reg. Diat. No. 101

1. PLACE OF DEATH: County Charles; City or town Ironsides; (If outside city or town limits, write RURAL and give nearest town); How long in above place of death? Lifetime; Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland; County Charles; City or town Ironsides; (If outside city or town limits, write RURAL and give nearest town); Street No.; (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: William Hayes Haynes.

3. (b) Social Security Number

4. Sex: M | 5. Color or race: C | 6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Fanny Blair; 6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Mch 8 1877

8. AGE: Years 73 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Ironsides Chas Co. Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: farm helper

FATHER 12. Name: Unknown

FATHER 13. Birthplace: "

MOTHER 14. Maiden name: Julia Ann Haynes

MOTHER 15. Birthplace: Charles Co Md

16. Informant: Fanny Haynes.

Address: Ironsides.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 14, 1951 (month) (day) (year)

Cemetery or crematory: Mt Hope

Location: Ironsides Md.

19. Funeral director: Howard Montgomery Bros,

Address: Washington D.C.

19. Feb. 10 1951 (Date rec'd by registrar) Mary Sutherland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 10 1951 at 4a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death	
Due to: Cardio vascular	
Due to: renal disease	
Due to:	
Other conditions: 442X	

(Include pregnancy within 3 months of death)

Major findings of operations: 131a

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE: Geo. C. Blackwell MD M. D. or other

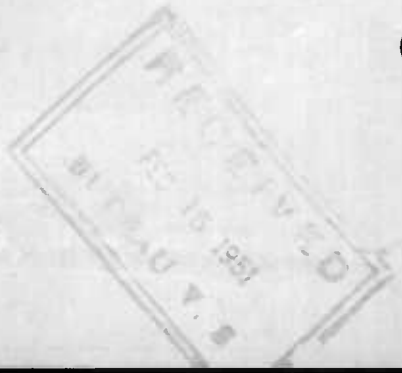
Address: Harbury Md Date signed: Feb 10 1951

970 16

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING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FEB 10 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1448

Reg. Dist. No. 105

1. PLACE OF DEATH
COUNTY CHARLES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) DENTSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY CHARLES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (RURAL) DENTSVILLE.
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ELICABETH (Last) DYSON

4. DATE OF DEATH (Month) FEBRUARY (Day) 27 (Year) 1951

5. SEX FEMALE

6. COLOR OR RACE COLORED-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH Oct. 25, 1873

9. AGE last birthday 77 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME GEORGE LANCASTER

14. MOTHER'S MAIDEN NAME MARY (UNKNOWN)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT GEORGE HICKS (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL HEMORRHAGE, LEFT	8 days.
Antecedent cause(s) 331x 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ESSENTIAL HYPERTENSION WITH CEREBRAL ARTERIO-SCLEROSIS	3 YRS.
	(c) GENERALIZED ARTERIO-SCLEROSIS	10 YRS.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from DECEMBER 19 47, to FEBRUARY 19 51, that I last saw the deceased alive on FEBRUARY 24 19 51, and that death occurred at 2 00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John N. Griffin, M.D. HUGHESVILLE, CHARLES Co. 2/27/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 3-1-51 | NAME OF CEMETERY OR CREMATORY St Marys | LOCATION (City, town, or county) (State) Bryantown Md

DATE REC'D BY LOCAL REG. 2-28-51 | REGISTRAR'S SIGNATURE W. L. Howard | 24. FUNERAL DIRECTOR Smith & Ryon | ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1449

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Alton
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bel Alton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Tipton (Last) Garner

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9-14-1914

9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Beef

11. BIRTHPLACE (State or foreign country): Charles County, Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas F. Goldsmith

14. MOTHER'S MAIDEN NAME: Lucy C. Goldsmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Charles Lawrence Garner, Bel Alton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) C.A. Rectum — Interval between onset and death: 3-10-50

154x

Antecedent cause(s)

46d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1950, to 2-20, 1951, that I last saw the deceased alive on 2-19, 1951, and that death occurred at 9A m., from the causes and on the date stated above.

SIGNATURE: C. Adelen (Degree or title): M.D. ADDRESS: Bel Alton Md DATE SIGNED: 2-21-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/22/51 — NAME OF CEMETERY OR CREMATORY: St. Ignatius — LOCATION (City, town, or county) (State): Bel Alton, Md

DATE REC'D BY LOCAL REG. 2/21/51 — REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR ADDRESS: Hunt & Ryon, Waldorf, Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1450

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head | LENGTH OF STAY (in this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 38 Raymond Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural give location) 38 Raymond Ave.

3. NAME OF DECEASED (Type or Print): (First) Philemon (Middle) Alexander (Last) Haislip
4. DATE OF DEATH: (Month) February (Day) 24 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: March 21, 1870
9. AGE last birthday: 80 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Tracker
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Pisgah, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander Haislip
14. MOTHER'S MAIDEN NAME: Josephine Williams

15. WAS DECEASED EVER IN U.S. AAMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: 218-14-3791A
17. INFORMANT: Mrs. Philemon A. Haislip Indian Head Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443x Immediate cause	(a) Acute Myocarditis	1 week
Antecedent cause(s)		
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Hypertensive Heart Disease	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1951, to 2/24, 1951, that I last saw the deceased alive on 2/23, 1951, and that death occurred at 5:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank G. Susan	M.D.	Indian Head. Md.	2-24-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-26-51	Durham Parish Epis Cem.	Ironsides	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/26/51	Julia H. Casey	Hunt & Ryon	Waldorf. Md.

970 105

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1451

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Waldorf; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS "

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Chas; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Ignatious (Last) Hill

4. DATE OF DEATH: (Month) V (Day) 18 (Year) 19 51

5. SEX M

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH about 1896

9. AGE last birthday 54 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Charles Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Richard Hill

14. MOTHER'S MAIDEN NAME Ella Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Webster D. Hill 421-15th S.E. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage — Interval Between Onset and Death: V-18-51

981 x Antecedent cause(s)

166 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gunshot wound of Chest — V-18-51

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Homicide

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm home (CITY OR TOWN) Waldorf (COUNTY) Chas (STATE) Md

TIME OF INJURY (Month) V (Day) 18 (Year) 51 (Hour) 5:30 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Shot in chest with gun

22. I hereby certify that I attended the deceased from ..., 19..; to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE J. Edelen (Degree or title) M.D. ADDRESS Medical Examiner's Case LaPlata Md DATE SIGNED V-18-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 7/23/51 — NAME OF CEMETERY OR CREMATORY Arlington Nat — LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 7/23/51 — REGISTRAR'S SIGNATURE M L Morris

24. FUNERAL DIRECTOR Hunter & Lyon Waldorf Md — ADDRESS

970 VVV


RECEIVED
FEB 28 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1452

CERTIFICATE OF DEATH

Reg. Dist. No. 10-0

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY OR TOWN La Plata; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Charles; CITY OR TOWN Spring Hill; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) C (Last) Jenkins

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1951

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan. 9, 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Dec'd

11. BIRTHPLACE (State or foreign country): Chas. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Jenkins

14. MOTHER'S MAIDEN NAME: Marguerite Simmons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If year, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Marguerite, Nowis, Catt Island, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause (a) Cardio Vascular Renal Disease — Interval Between Onset and Death: 1-10-51

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gen Art. Sclerosis — 1947

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 1947, to 2-24, 1951, that I last saw the deceased alive on 2-24, 1951, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

I. Edelen M.D. La Plata Md. 2-26-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2/27/51

NAME OF CEMETERY OR CREMATORY: Sacred Heart

LOCATION (City, town, or county) (State): La Plata, Md.

DATE REC'D BY LOCAL REG.: 2/26/51

REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR ADDRESS: Hurtt & Ryon, Waldorf Md.

510246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
FEB 07 1991
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1453

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
STREET ADDRESS Rural (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ann (Middle) Coe (Last) Middleton

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1951

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 2/2/1896 | 9. AGE last birthday: 55 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Her Family | 11. BIRTHPLACE (State or foreign country): Brandywine Md | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Fred Coe | 14. MOTHER'S MAIDEN NAME: Mary Olivia Dent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No | 16. SOCIAL SECURITY NO.: No | 17. INFORMANT AND ADDRESS: Ernest Middleton Sr Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x **Immediate cause** (a) Generalized Carcinomatosis — Interval Between Onset and Death: 3 mos.

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adenocarcinoma of Sigmoid Colon & Metastases — 6 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 31, 1951 | 19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma of Colon & Metastases | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1950, to Feb. 15, 1951, that I last saw the deceased alive on Feb. 14, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE J. Farrow Barboe (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 2/19/51 | NAME OF CEMETERY OR CREMATORY: St Peters | LOCATION (City, town, or county): Waldorf (State): Md

DATE REC'D BY LOCAL REG. 2/17/51 | REGISTRAR'S SIGNATURE: Julia H Posey

24. FUNERAL DIRECTOR: Hunter & Ryon | ADDRESS: Waldorf Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1454

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret
STREET ADDRESS (If rural, give location) La Plata Md.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Mudd

4. DATE OF DEATH: (Month) 2 (Day) 4 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-7-70

9. AGE last birthday: 80 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? Charles

13. FATHER'S NAME: John Francis Mudd

14. MOTHER'S MAIDEN NAME: Imogene Teresa Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Virginia H. Mudd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 2-2-51

420.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10, 1937, to 2-4, 1951, that I last saw the deceased alive on 2-4 1951, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 2-4-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 2/7/51 — NAME OF CEMETERY OR CREMATORY St Mary — LOCATION (City, town, or county) (State) Brandywine Md

DATE REC'D BY LOCAL REG. 2-6-51 — REGISTRAR'S SIGNATURE M. L. Mowell — 2-8-51 Julia H. Posey

24. FUNERAL DIRECTOR — ADDRESS Smith & Ryon Bodey Md


RECEIVED
FEB 9 1951
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1455

Reg. Diat. No. 100

1. PLACE OF DEATH:

County: Charles.

City or town: Nanjemoy. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 24 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles.

City or town: Nanjemoy (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Joseph John Otto.

3. (b) Social Security Number:

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Grace C. Otto

6.(c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): April 6, 1876

8. AGE: Years: 74 Months: 10 Days: 4 If less than one day: hrs. min.

8. Birthplace: Chicago, Illinois (Town, county, and state)

10. Usual occupation: Lead-Burner

11. Industry or business

FATHER 12. Name: Andrew Otto

FATHER 13. Birthplace: Germany.

MOTHER 14. Maiden name:

MOTHER 15. Birthplace: Germany

16. Informant: Grace Otto

Address: Nanjemoy

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2-12-51 (month) (day) (year)

Cemetery or crematory: Nanjemoy Baptist

Location: Nanjemoy

18. Funeral director: Hunt & Rixon,

Address: Waldorf, Md

19. 2/12/51 (Date rec'd by registrar) 19 Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 10 1951, at 4:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 1951, to Feb. 10 1951

and that I last saw h.. alive on Feb. 9 1951

Immediate cause of death	DURATION
Cardio-renal disease.	
Due to	
Due to	
Other conditions: 442 / 131a (Include pregnancy within 3 months of death)	

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Geo. E. Bicknell M.D. M. D. or other

Address: Marbury Md Date signed: Feb 12 1951

544 VVV

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1456

Reg. Dist. No. 100

1. PLACE OF DEATH
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Virginia — COUNTY Floyd
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Floyd
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) Ehert (First) Paul (Middle) Sweeney (Last)

4. DATE OF DEATH (Month) Feb. (Day) 12 (Year) 1951

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH April 13, 1930 | 9. AGE last birthday 20 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Logger
11. BIRTHPLACE (State or foreign country) Floyd Co. Virginia
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Ehert P. Sweeney Sr.
14. MOTHER'S MAIDEN NAME Gladys Bowens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Md. State Police, Waldorf Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot Wound in back — INTERVAL BETWEEN ONSET AND DEATH

981 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
166
(b) apparently Hemorrhage
(c) from Kidney — V-12-51

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg.) OF INJURY Boardwalk | (CITY OR TOWN) Pot River | (COUNTY) Chas | (STATE) Md

TIME OF INJURY (Month) V (Day) 12 (Year) 51 (Hour) 2:30 A.M.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Gunshot

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) X ADDRESS — DATE SIGNED
C. Medelen M.D. LaPlata Md V-12-51

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF 2/12/51 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Nandes, Va

DATE REC'D BY LOCAL REG. 2/12/51 | REGISTRAR'S SIGNATURE Julia H. Pasey | 24. FUNERAL DIRECTOR, ADDRESS Redman & Nash, Nandes, Va

950306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1457

Reg. Dist. No. 106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fenwick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fenwick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Morris (Last) Wampler

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-1-1884

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): attorney

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Petersburg, Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James T. Wampler

14. MOTHER'S MAIDEN NAME: Elizabeth Wills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Adelaide Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) General Metastisis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Neck	1 yr.
	(c)	

199.1
552

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/15, 1950, to 2/1, 1951, that I last saw the deceased alive on 2/1, 1951 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE James S. Anderson (Degree or title) ADDRESS INDIAN HEAD, MD. DATE SIGNED 2/1/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 2/5/51
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 2/1/51
REGISTRAR'S SIGNATURE: Odey Price
24. FUNERAL DIRECTOR: S. H. Hines Co.
ADDRESS: 1455h St. NW WashnDc.

055879

MARYLAND STATE DEPARTMENT OF HEALTH 1459

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Maggie (Middle) Ruth (Last) Willett
4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1945

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 12-11-1856
9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Ref
11. BIRTHPLACE (State or foreign country): White Plains, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin D. Willett
14. MOTHER'S MAIDEN NAME: Sarah Jane Nettles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Sarah Ruth Willett, White Plains, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Vascular Renal Disease — 1-6-45

442x Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6-45, to 2-20-45, that I last saw the deceased alive on 2-20-45, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Edelen M.D. ADDRESS La Plata Md DATE SIGNED 2-21-45

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 2/23/45 | NAME OF CEMETERY OR CREMATORY St. Paul's | LOCATION (City, town, or county) (State) Waldorf, Md

DATE REC'D BY LOCAL REG. 2/21/45 | REGISTRAR'S SIGNATURE Julia A. Posey | 24. FUNERAL DIRECTOR ADDRESS Hamtt & Ryon, Waldorf, Md